it may produce a true urinary break-down. We find the urinary solids increased, phosphoric acid, the sulphates, carbonates, and preformed sulphates, the latter and, as a consequence, the phenol show that some of the acid has undergone decomposition. There is also a remarkable elimination of uric acid, even more notable than that produced by lithium; in fact, lithium salicylate is an excellent evacuant of the urates. The saliva is sometimes, the perspiration and bile always, increased. Sodium salicylate is an energetic cholagogue in small doses, fifteen to thirty grains; it increases and liquefies the bile, attaining its maximum action in two to three hours after its administration; but gentle purgatives should be associated with it to stimulate intestinal peristalsis. However, it may give rise to hepatic congestion more or less intense, sometimes obliging the discontinuance of the drug.

The physiological action of salicylic acid can be summed up in the statement that it diminishes the vital activity of protoplasm. It is a specific in acute articular rheumatism and in gout, showing itself by a special action exercised not upon a cause still unknown in its real essence, but on account of the power of the anatomical element to sustain this cause and react under its influence. This, however, does not exclude a true specific action upon a cause still unknown, analogous to that exercised by quinine upon the blood-parasites of paludism or mercury upon syphilis. Besides this specific action, which may be called a special antiseptic, there is a general antiseptic one, which may be useful in variola, diarrhœa, diphtheria, and orchitis after blennorrhagia. It is antithermic, but this is not a therapeutic property, for it is the first symptom of the toxic action. To characterize in few words the remarkable specific action of this drug: It is a remedy of a symptom, and not of a diathesis; its use relieves only temporary accidents, preventing neither their production nor return, nor indeed their complications, as does quinine the accidents of paludism, or mercury those of syphilis. —*Les Nouveaux Remèdes*, 1896, No. 3, p. 57, and No. 4, p. 89.

THE EFFECT OF DIPHTHERITIC TOXIN UPON THE HISTOLOGICAL ELEMENTS OF THE NERVOUS SYSTEM.

DOTT. CARLO CENI, from his studies, concludes that in patients dying of diphtheria we cannot always recognize appreciable morphological changes in the nervous elements, especially if death has taken place early. Experimentally in rabbits subjected to inoculations with diphtheritic bacilli or to injection with diphtheria toxin, death is constantly accompanied by marked morphological alteration in the nervous elements. The intensity of the alteration depends not so much upon the amount as the duration of the toxic action. In patients the general rule is that these changes are limited to the protoplasmic prolongations, leaving unaltered the cell-body and the nervous prolongations. Only in rare, special cases, through prolonged action of the diphtheritic toxin, the atrophic process of the nervous elements presents itself in a more advanced state, indicating alterations in form, both of the cell-body and nervous prolongations. In patients dying of diphtheria the incipient atrophic process of the nervous elements is limited to a few isolated cells disseminated through the encephalic mass; in animals, on the other hand, it extends to diffuse groups of cells, acquiring the character of a diffused alteration, more marked especially if death has taken place by slow poisoning. Individual conditions of acquired immunity show remarkably that these elements require an enormous resistance against the deleterious action of the diphtheritic toxin. Animals refractory to diphtheria can tolerate in their circulation even five hundred times the fatal dose of toxin without producing any change in the nerve-centres or elements.—*La Riforma Medica*, 1896, Nos. 29, p. 338; 30, p. 351; 31, p. 363.

THE PREVENTIVE ACTION OF QUININE IN PALUDISM.

M. LABORDE believes that this is no longer in doubt. If this is not everywhere admitted at present, it is because the rational indications have not been studied and the choice of preparation, its form, and appropriate dose made out. In general, too small doses and too long intervals have been the sources of failures. In general, one and one-half to three grains every day, according to the severity of the service, seem to be sufficient. The objection to the continued use of the drug that it presents, among other inconveniences, that of habituation, so that its specific activity may be lessened or abolished at the time when its intervention is absolutely necessary, is not of sufficient weight to induce complete reliance to be placed, as do Kelsch and Kiener, upon the habit of not exposing one's self, when fasting, to fever-producing emanations, and the use of tonic drinks, coffee, tea, and alcohol in small doses.—*Journal des Praticiens*, 1896, No. 10, p. 155.

THE GASTRIC CRISES OF TABES DORSALIS.

M. H. HUCHARD calls attention to the fact that in 1885 Sahli noted that these crises depended upon an attack of deficient hydrochloric acid, and should be treated by sodium bicarbonate, two and one-half to three and one-half drachms *per diem*. More recent work tends to point out that the proper treatment during the crises and hypopepsia is absolute rest, and, for food, undercooked eggs, some vegetable *purées*, crust of bread, and, for drinks, water, but no milk. During the period of quiescence or hypopepsia (hydrochloric acid equalling zero), sodium bicarbonate in from fifteen to thirty grains, an hour before meals; a solution of hydrochloric and lactic acids (hydrochloric acid, 1; lactic acid, 5; water, 500); a Madeira glass, after meals. For food, *purées* of feculent vegetables, some meats well cooked, boiled and chopped eggs, and water to which is added a little wine.—*Journal des Praticiens*, 1896, No. 8, p. 114.

GUAIACOL AS A TOPICAL APPLICATION IN DIPHTHERIA.

DR. S. SOLIS-COHEN states that this drug early used seems to destroy the bacilli and prevent the spread of the pseudo-membrane. Bacteriological examination of cultures taken from the same throat before and after its application has shown in the first instance the bacilli, and in the second none have been found. The formula is guaiacol, 10; menthol, 1; sterilized olive oil, 10. The same application is of service as a prophylactic against diphtheria by application to the throat of the healthy inmates of the house